

DO/EO BIBLIOGRAPHIC DATA ENTRY

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|------------------------------|----------------------|---------------------------|--------------|
| SERIAL NUMBER: | 09 / 254623 | RECEIPT DATE: | 03 / 11 / 99 |
| IA NUMBER: | PCT/ IB97 / 01091 | IA FILING DATE: | 09 / 10 / 97 |
| FAMILY NAME: | SHANAHAN-PRENDERGAST | DELAY WAIVED (Y/N): | Y |
| GIVEN NAME: | ELIZABETH | DEMAND RECEIVED (Y/N): | Y |
| PRIORITY CLAIMED (Y/N): | Y | PRIORITY DATE: | 09 / 11 / 96 |
| NO BASIC FEE (Y/N): | N | US DESIGNATED ONLY (Y/N): | N |
| ATTORNEY DOCKET NUMBER: | 8009-7004-US | COUNTRY: | IBX |
| CORRESPONDENCE NAME/ADDRESS: | CUSTOMER NUMBER: | TELEPHONE | 7037681293 |
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APPLICATION TITLES:

THERAPEUTIC FORMULATIONS CONTAINING VENOM OR VENOM ANTI-SERUM
EITHER ALONE OR IN COMBINATION FOR THE THERAPEUTIC PROPHYLAXIS
AND THERAPY OF NEOPLASMS

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|---|---|---|-------------------------|---|--------------------|-------------------------|
| SERIAL NUMBER | FILING DATE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET NO. | | |
| 09/254,623 | 07/08/99 | 514 | 1614 | 8009-7004-US | | |
| APPLICANT | ELIZABETH SHANAHAN-PRENDERGAST, COUNTY KILDARE, IRELAND. | | | | | |
| | <div>**CONTINUING DOMESTIC DATA***** VERIFIED PROVISIONAL APPLICATION NO. 60/025,179 09/11/96</div> | | | | | |
| | <div>**371 (NAT'L STAGE) DATA***** VERIFIED THIS APPLN IS A 371 OF PCT/IB97/01091 09/10/97</div> | | | | | |
| | <div>**FOREIGN APPLICATIONS***** VERIFIED</div> | | | | | |
| | IF REQUIRED, FOREIGN FILING LICENSE GRANTED 07/23/99 ** SMALL ENTITY ** | | | | | |
| Foreign Priority claimed 35 USC 119 (a-d) conditions met | | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY IEX | SHEETS DRAWING 9 | TOTAL CLAIMS 42 | INDEPENDENT CLAIMS 8 |
| Verified and Acknowledged | | Examiner's Initials | Initials | | | |
| ADDRESS | <div>BROWN & ASSOCIATES 115 SOUTH ROYAL STREET SUITE 148 ALEXANDRIA VA 22314-3327</div> | | | | | |
| | <div>Kevin C. Brown Hydon & Brown, LLP 100 Deingfield Road, Suite 100 Alexandria, Va. 22314 PHONE: (703) 768-1283</div> | | | | | |
| TITLE | THERAPEUTIC FORMULATIONS CONTAINING VENOM OR VENOM ANTI-SERUM EITHER ALONE OR IN COMBINATION FOR THE THERAPEUTIC PROPHYLAXIS AND THERAPY OF NEOPLASMS | | | | | |
| | | | | | | |
| FILING FEE RECEIVED | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following: | | | <div><input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit</div> | | |
| \$905 | | | | | | |